Item 7 FilmG139 2/4/52 whw

12515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's IN FLIGHT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS, Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seattle, Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) Windon (Last) BRUNSON
4. DATE OF DEATH (Month) Dec. (Day) 19 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 5-23-95
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Officer
10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1 WW2
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT AND ADDRESS U.S. Navy Records Mrs. Louise H. Brunson 2101 Hilda Rose Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis, Acute	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) IN FLIGHT OVER IOWA
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1951, to Dec. 19, 1951, that I last saw the deceased alive on Dec. 19, 1951, and that death occurred at 11:45 CST m., from the causes and on the date stated above.

SIGNATURE R.L. Gilman (Degree or title) ADDRESS DATE SIGNED
CAPT. R.L. GILMAN (MC) USN 12-20-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 12-20-51
NAME OF CEMETERY OR CREMATORY Medical Hospital
LOCATION (City, town, or county) (State) Bethesda, Md.
DATE REC'D BY LOCAL REG. 12/20/51
REGISTRAR'S SIGNATURE Carmalier
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown Md. ADDRESS

290 916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 26 1951
BUREAU V. S.

12516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Mechanicsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oraville Md
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Laura (Last) Copsey

4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1951

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2/2/1867
9. AGE last birthday 84 yrs. If under 1 year Months 10 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper for self.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St. Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M. Curry
14. MOTHER'S MAIDEN NAME Mary Copsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Louis Copsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis with cardiac decompensation	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1951, to Dec 6, 1951, that I last saw the deceased alive on Nov 24, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Roy Guyther (Degree or title) MD. ADDRESS Mechanicsville, Md DATE SIGNED Dec 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 8 1951
NAME OF CEMETERY OR CREMATORY St. Joseph's
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 12/7/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos. C. Martingley ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1951
BUREAU V. S.

Item 18 Film G139 1-17-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12517

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md. LENGTH OF STAY (in this place) 10 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tip Top Trailer Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary USNAS, Patuxent River, Md.	STREET ADDRESS (If rural, give location) California, StMarys County, Md.

3. NAME OF DECEASED (Type or Print)	(First) Larry	(Middle) Kevin	(Last) DOYLE	4. DATE OF DEATH	(Month) December (Day) 26 (Year) 1951
5. SEX Male	6. COLOR OR RACE Cauc.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 10-23-51	9. AGE last birthday -- yrs.	If under 1 year Months 2 Days 3; If under 24 hrs. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Clarence Milton DOYLE	14. MOTHER'S MAIDEN NAME Edythe Lorene Armstrong				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Medical Officer, USNAS, Patuxent River, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	30 minutes
921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, ~~(subject to post-mortem examination)~~ atelectasis, obstructive, pulmonary.	Undetermined
195d	(c) Asphyxia, due to aspirated vomitus. (1-17-52 ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1951, to 12/27, 1951, that I last saw the deceased alive on 12/27/51, 19..., and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. K. Wieman
H. K. WIEMAN, LT MC USN, USNAS, Patuxent River, Maryland 12/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 12/28/51	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Waynesboro, Va.
DATE REC'D BY LOCAL REG. 12/28/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR S. B. Robinson - Leonardtown, Md.	ADDRESS

20 V 923 51 261 405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12518

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) ---- (Last) Gant
4. DATE OF DEATH (Month) 12/ (Day) 19/ (Year) 51

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 5/24/1859
9. AGE last birthday 92 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Judson Alexander
14. MOTHER'S MAIDEN NAME Theresa ------ -unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) -----
16. SOCIAL SECURITY No. -------
17. INFORMANT AND ADDRESS Eli Gant * Dameron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility — 10 yr.

794 X Antecedent cause(s)

162 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old fractured leg. — 1 yr.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1950, to 12/19, 1951, that I last saw the deceased alive on 10/15, 1951, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE Julian L. Lane (Degree or title) MD. ADDRESS Lexington Park, Md. DATE SIGNED 12/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/22/51
NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
LOCATION (City, town, or county) (State) Ridge, Maryland.

DATE REC'D BY LOCAL REG. 12/21/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS - Leonardtown, Md.

VS/A1

RECEIVED
DEC 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12519

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Herbert (Last) Harrington

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 18-1899

9. AGE last birthday: 52 yrs. If under 1 year: Months 8, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - U.S. Navy Yard Patuxent River, Md.

10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard

11. BIRTHPLACE (State or foreign country): Keeseville New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harrington

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 050-09-1191

17. INFORMANT AND ADDRESS: Mrs Frank H. Harrington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — Interval Between Onset and Death: 3 months

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29, 1951, to 12/1, 1951, that I last saw the deceased alive on 12/1, 1951, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE: Robert F. Fuchs (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 12/3/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 4-1951 — NAME OF CEMETERY OR CREMATORY: Holy Face — LOCATION (City, town, or county) (State): Great Mills St Mary's Md

DATE REC'D BY LOCAL REG. 12/3/51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: 510916 Leonardtown Md

RECEIVED
DEC 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

19521

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

28 ✓

Item 3, 8, 11, 15, 23. Ex Inc E, 70-7/11/74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New Jersey — COUNTY: Hudson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tall Timbers — LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bayonne
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): 39 Garrison Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	W	Lampkin, Jr.	12/	19 /	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	3/3/1920	31 yrs yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector	Petroleum	~~New York~~ New Jersey	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Lampkin	Catherine Reilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mrs. Howard Lampkin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Hepatitis	unknown
DEF 1 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infectious Jaundice	1 month
85	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Lexington Park, Md.	12/21/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/26/51	Holy ~~Cross~~ Cemetery	~~N.Arlington~~, New Jersey N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/22/51	[signature]	P.B. Robinson	Leonardtown, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Scotland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Scotland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) (Last) Ridgell

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-13-1951

9. AGE last birthday: — yrs. If under 1 year: Months —, Days —. If under 24 hrs.: Hours 6, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Tennyson Ridgell

14. MOTHER'S MAIDEN NAME: Olive Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Tennyson Ridgell, Scotland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Premature birth	6½ months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Maternal Bronchitis (3 weeks	
	(c)	

776X
759

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1951, to 12-13, 1951, that I last saw the deceased alive on 12-13, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P. J. Beany M.D. — ADDRESS: Great Mills, Md. — DATE SIGNED: 12-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-13-51 — NAME OF CEMETERY OR CREMATORY: St. Michaels — LOCATION (City, town, or county) (State): Ridge Md.

DATE REC'D BY LOCAL REG.: 12-13-51 — REGISTRAR'S SIGNATURE: P. J. Beany M.D. — 24. FUNERAL DIRECTOR: Tennyson Ridgell — ADDRESS: Scotland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 732

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BE SURE IN RETURNED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) STEVE (Middle) (Last) SAXTON

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: NEGRO

7. SINGLE, (MARRIED), WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 7-2-1894

9. AGE last birthday: 57 yrs. | If under 1 year: Months 10 Days 22 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Straw mill

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Saxton

14. MOTHER'S MAIDEN NAME: Rhoellen Saxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-12-4457

17. INFORMANT AND ADDRESS: Mrs Helen Saxton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage, Acute	5 days
	(c)	

32.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio Vascular Disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1957, to Dec 23, 1957, that I last saw the deceased alive on Dec 22, 1957, and that death occurred at 1.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert J. Thibadeau, M.D. St. Inigoes, Maryland.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 26-1957 | NAME OF CEMETERY OR CREMATORY: St James | LOCATION (City, town, or county) (State): St James St Marys Md

DATE REC'D BY LOCAL REG. 12/24/57 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR | ADDRESS: Jos C. Mattingley Leonardtown Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Thompson
4. DATE OF DEATH (Month) Dec (Day) 1 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 8-1856
9. AGE last birthday 95 yrs. If under 1 year Months / Days 23 If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper for rent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Ferdinand T. Floyd
14. MOTHER'S MAIDEN NAME Mary W. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS M. C. Thompson Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to Dec 1, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Green [illegible] [illegible] [illegible] 12-12-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 3-1951
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) (State) Holly Wood Maryland

DATE REC'D BY LOCAL REG. 12/2/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

DEC 4 1951

B[illegible] J V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Alms House	STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) —	(Last) Watson	4. DATE OF DEATH	(Month) 12	(Day) 23	(Year) 1951
5. SEX M.	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 12, 1883	9. AGE last birthday 68 yrs.	If under 1 year Months 9	Days 13	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Pittsburg Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Frank Watson H.	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 2	17. INFORMANT AND ADDRESS Douglas Barnes					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-renal Disease	?
41. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	
131a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1950, to 12/23, 1951, that I last saw the deceased alive on 12/1, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Camalier	MD	Leonardtown, Md	12/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/27/51	NAME OF CEMETERY OR CREMATORY M.E. Church Cemetery	LOCATION (City, town, or county) St. George's Island	(State) Md
DATE REC'D BY LOCAL REG. 12/26/51	REGISTRAR'S SIGNATURE Camalier	24. FUNERAL DIRECTOR Jos B. Mattingley	ADDRESS Leonardtown Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
APR 2 1952
BUREAU V. S.

12525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Inigoes
LENGTH OF STAY (in this place) 3½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Inigoes
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) A. (Last) Whitaker

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mch 12 1889
9. AGE last birthday 62 yrs. If under 1 year Months 8 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Georgia Clinch
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Z. Atkinson
14. MOTHER'S MAIDEN NAME Mary Lorena Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr William C. Whitaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma breast

50 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1951, to Dec. 4, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 11.07 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert T. Thibadeau, M.D. ADDRESS St. Inigoes, Md. DATE SIGNED Dec. 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 6-1951
NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Parkway
LOCATION (City, town, or county) Elkridge (State) Md

DATE REC'D BY LOCAL REG. 12/5/51
REGISTRAR'S SIGNATURE Camden
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1951
BUREAU V. S.

12526

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Clarence (Last) Wise
4. DATE OF DEATH (Month) Dec (Day) 27 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 6, 1892
9. AGE last birthday 59 yrs. If under 1 year Months 8 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Wise
14. MOTHER'S MAIDEN NAME Martha Ida McGee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-24-4608
17. INFORMANT Thomas Wise

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: immediate

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bullet wound penetrating wound of skull.

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Ridge (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 12 (Day) 27 (Year) 51 (Hour) 8:10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Self inflicted bullet wound of skull

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Lexington Park, Md 12/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 30 1951
NAME OF CEMETERY OR CREMATORY St Michael
LOCATION (City, town, or county) Ridge St Marys (State) Md
DATE REC'D BY LOCAL REG. 12/29/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown

100105 md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 2 1952
BUREAU V. S.